DOCUMENT RESUME

ED 295 115 CG 020 856

AUTHOR Pasahow, Robert J.
TITLE Post-Traumatic Stress Disorders in Reactions to Car Accidents.
PUB DATE Aug 87
NOTE 14p.; Paper presented at Annual Convention of the American Psychological Association (95th, New York, NY, August 28-September 1, 1987).
PUB TYPE Reports - General (140) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Anxiety; *Client Characteristics (Human Services); *Emotional Response; Expectation; Psychological Characteristics; *Traffic Accidents
IDENTIFIERS *Avoidance Behavior; *Posttraumatic Stress Disorder

ABSTRACT

This paper explains the most frequent psychological symptom that a car accident victim experiences and describes the nature of an anxiety and avoidant reaction to being in a car following an accident. The description of these responses is based on clinical and in-vivo observations from the treatment of more than 450 cases. Accident victim responses to being both a passenger and a driver following the accident are discussed. The theoretical constructs of the repetition compulsion, completion tendency, and classical conditioning are applied to explain why accident victims often not only fear being in another accident, but actually expect to be in a subsequent accident. (Author/NB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED295115

Post-Traumatic Stress Disorders In Reaction To Car Accidents

Robert J. Pasahow

CG 020856

Correspondence: Robert J. Pasahow, Ph.D.
600 New Road
Northfield, New Jersey 08225

Robert J. Pasahow, Ph.D., is in private practice in Northfield, N.J.

BEST COPY AVAILABLE

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☑ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
Robert Pasahow

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

ABSTRACT. The nature of an anxiety and avoidant reaction to being in a car following an accident is described. The description of the characteristics of these responses that such victims subsequently experience as a driver and passenger in a car is based on the clinical and in-vivo observations and reports from significant others. The theoretical constructs of the repetition compulsion, completion tendency, and classical conditioning are applied to explain why accident victims often not only fear being in another mishap, but actually expect to be in a subsequent accident.

Psychologists have a history of applying principles of human behavior to describe various problems. The purpose of this paper is to describe the most frequent psychological symptom that a car accident victim experiences. It is based on clinical and in-vivo observations from the treatment of over four hundred fifty cases.

The most frequent complaint that the victim of a car accident has presented is of being extremely scared while in a car for fear of being in a subsequent accident. It is not unusual to hear in an initial interview, "I'm so frightened that I am going to be in another accident....I know my car is going to be hit again.... Everyone tells me I am paranoid in a car." While in an automobile, their experience and complaints are consistent with the various clinical signs of motor tension, autonomic hyperactivity, vigilance, and scanning that characterize a generalized anxiety disorder (American Psychiatric Association, 1987). While in a car, typical problems include experiencing an expectation of misfortune, shakiness, jumpiness, tension, inability to relax, restlessness, irritability, being easily startled, rumination, hyperattentiveness, and such signs of autonomic hyperactivity as heart pounding and racing, difficulty breathing, sweating, and stomach discomfort.

An anxiety reaction can exist and vary in intensity when the individual is the driver or a passenger.

Driving requires the interpretation of visual and auditory stimuli and coordinating it with gross and fine motor movements. A person may perceive himself/herself, and quite accurately, as too anxious to safely drive. Two case examples illustrate this point. A forty-eight year old man was involved in a second accident on a one-lane each way bridge when he abruptly applied his brakes and was rear-ended by another vehicle. The sudden stop was probably perplexing to the other driver as there were no turnoffs. The patient had mistakenly perceived that an automobile in the opposite direction was crossing over and going to hit his car. The man had been in a head-on collision on a similar bridge twenty months prior to this second accident. A forty-four year old woman had been rear-ended by an automobile when she had stopped in preparation to make a left turn. When she came in for an initial consultation twenty-one months after the accident, she and her husband reported that she essentially had stopped making left turns except for a few uncongested residential streets near her house. Driving routes had become concentric to avoid making left turns such that a five hundred yard trip turned into a one mile drive. When she made left turns, she had another interesting habit. While stopped to make a left turn with her direction signal on, she quickly tapped the car brakes, verbalizing to me during an in-vivo therapy session, that this would alert others that she clearly was stopped to

make a left turn. When asking her to simulate this action in a parking lot, it was discovered that this response made her rear lights give the impression that her car was alternatingly signalling between left and right turn signals. This action must have been confusing for other drivers and probably made this situation more dangerous. Passengers can be alarmed by the driver's actions and communicate their fears in such way as to reinforce the driver's anxiety. There have been a number of women patients who have had an intolerant husband or boyfriend who refused to let them drive after their mani- festing such overcautious driving behaviors as frequent braking, slowing down, excessively early turn signalling, and frightened verbalizations.

Some avoid or are most anxious when passengers. Being a passenger can be terrifying as one has essentially no control over this situation which is experienced as extremely dangerous. There are numerous behavioral manifestations of anxiety displayed by passengers. Anxious verbalizations include warning the driver about other cars, giving instructions on how to drive, gasping or screaming in anticipation of the perception of an imminent accident, and yelling at or arguing with a driver for maneuvering the car in a manner perceived as dangerous. Typical behavioral expressions of anxiety by passengers include constant fidgeting and turning

of the head, putting hands on the dashboard or tightly gripping side armrests in order to be braced for the expected accident, and placing their foot to the floors as if applying an imaginery brake. Abruptly grabbing and turning the steering wheel has also occurred much to the shock of a few drivers. These verbalizations and behaviors can be understood as a reflection of anxiety and as the passengers' attempt to feel they have some control in preventing the anticipated accident. Unfortunately, these responses are usually distracting to the driver and usually make the situation objectively more dangerous. For instance, two people who were in intersection accidents were subsequently involved in accidents as passengers. In each case, the patient thought an accident was about to occur once again at an intersection, gasped, and turned their heads. Their behavior caused the driver to attend to the car coming at the 90 degree angle, only to then rear-end another car which had stopped in front of them.

Avoidant Response

Although in significant distress and discomfort, some individuals are able to drive or be a passenger. In contrast, there can be a total avoidance of being in a moving vehicle as a driver, passenger, or both. Sometimes the avoidance is quite obvious. One case involved a man who worked and lived in close proximity and had not been in a

car for six months. He only came for treatment because his family was disgusted that they could not go to various social events or visit relatives. For most cases, people avoid driving in certain conditions or distances. It is not unusual for one to avoid driving on the street where the accident occurred. There also may be an avoidance of driving alone more than a few miles away from home even though the same individual can feel quite comfortable being a passenger on a long trip. In contrast, some only avoid being a passenger. Whereas, one thirty-five year old man was willing to drive one hundred miles even in inclement weather and go over suspension bridges and tunnels, he would not be a passenger even for a short trip. Whatever the form of avoidance, treatment procedures encounter more resistance the longer the avoidant response has existed. As with any avoidant behavior (Skinner, 1938; Wolpe, 1958,1973), this response is reinforced because it keeps the person away from the anticipated danger and immediately minimizes anxiety. As one elderly gentleman put it, "I certainly cannot be in another car accident if I'm never again in a car."

Understanding why victims become scared of being in another accident.

One of the criteria to Post-Traumatic Stress Disorder, in DSM III-R (American Psychiatric Association,

'987), addresses why accident victims are frequently frightened when subsequently in a car. There can be "sudden action or feeling as if the traumatic event were recurring." This clinical feature reflects the sense that such victims not only fear being in another accident, but actually expect to be involved in another mishap. Certainly the fear of repetition of such an experience is easily understood, but these patients actually have an expectancy of being in another automobile accident. A belief usually gets created to explain this expectancy. While some wonder if they have some form of extrasensory perception, others believe another accident is simply their fate. For most, there is a certainty that an additional mishap will occur, with the only question being how and when it will happen.

There are three theoretical constructs which are useful for understanding why traumatized accident victims expect another traumatic accident will happen. Freud (1914) postulated the repetition compulsion to explain the compulsion to reexperience some aspects of the traumatic event. This involuntary repetition can include the reoccurrence of thoughts and especially images about the stress event, a variety of emotions experienced during the event, sounds and body sensations experienced during the trauma, and even behavioral reenactments of the experience (Horowitz, 1986). Freud (1920) postulated the repetition compulsion as the ego's attempt to recreate the trauma in

order to better develop a sense of mastery over the original traumatizing situation. Thus, the car accident victim may unconsciously wish for another accident in the magical hope of undoing and resolving the blow to the ego and psychic tension associated with the original trauma. This concept helps explain interesting complaints of two confused patients. A victim of a head-on collision reported an urge to suddenly turn the steering wheel into oncoming traffic. A second driver on an empty country road still felt that a car or animal would suddenly jump out in front of his vehicle even though there were no intersections, driveways, or gaps in the fence that ran along this long road. He had previously been in an automobile accident when a car had suddenly darted in front of his vehicle.

Horowitz (1976, 1979, 1986) hypothesized a completion tendency to explain such phenomena. As discussed by Green, Wilson, and Lindy (1985), Horowitz integrated the concept of the repetition compulsion into theories on how cognitive processes mediate stressful events (Janis, 1969; Lazarus, 1966). Important new information is continually processed until the the mind's inner schematic models change so that the reality of the trauma and these models are in accord. Traumatic events stress existing schemata because the models cannot easily integrate the experience. Until the schematas accommodate and can assimilate the trauma, psychological aspects of the event remain in active memory

storage. Intrusive and uncontrolled images and thoughts then occur and are emotionally upsetting. This theoretical construct explains why accident victims complain when in a car of having clear visual images of their prior accident or how another accident is about to happen to them in the present. It is easy to understand the patient's expectation of being in another accident when he/she is having frequent thoughts and images of accidents while attempting to drive a car.

Anxiety and avoidance reactions to being in a car following an accident, like many phobic responses, can follow the principles of classical conditioning (Pavlov, 1927; Wolpe, 1958). A previously neutral situation, being in a car, becomes associated with danger. Being in a car is the conditioned stimulus. This stimulus becomes associated with danger as a result of the accident, the unconditioned stimulus. The conditioned response is anxiety, which now becomes associated to being in a car.

The existence and degree of anxiety experienced generally is consistent with the principle of stimulus generalization (Pavlov, 1927; Skinner, 1938). The driving conditions which are most anxiety provoking usually are those that existed at the time of the accident. The closer subsequent driving conditions simulate the stimuli that the individual perceived during the accident, the more such

a situation will provoke anxiety. The stimulus dimension which the individual perceives as causing the accident or signaling a future accident could be the location, weather conditions, type of road, driver, or time of day that the accident occurred. For instance, a rear-ended victim might be most anxious while stopped at a red light. One might only be nervous when being the passenger in a car driven by the same individual who was driving when the accident occurred, even though he/she is a very safe driver and was not at fault when the accident happened. Intersections may be most anxiety provoking for a victim hit by a vehicle at at a 90o angle.

Some individuals' fear generalizes on a number of stimulus variables. For instance, a victim may be very anxious or avoid being on any form of mechanical transportation such as a train or boat. Another attibuted her two accidents to being in New Jersey and felt much more calm when driving in another state. A pedestrian hit by a car became frightened whenever a passenger in an automobile. Not having control when in a car made her believe she would be in another accident even if she was with a safe driver. Once understanding the salient stimulus features, the principle of stimulus generalization can help explain the nature, severity, and scope of an anxiety and avoidant response. It then becomes easier to understand which

situations an accident victim will subsequently fear as being the most dangerous. An expectancy of being in a subsequent accident in those situations is then experienced.

Summary:

The nature and characteristics of an anxiety and avoidant reaction to being in a car following an accident were described. Concepts from psychoanalysis, cognitive-information processing models and principles of classical conditioning were applied to explain why accident victims expect to be in a subsequent accident.

References

American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders, Third Edition, Revised. Washington, D.C.: American Psychiatric Association, 1987.

Figley, C.R. (Ed.), Trauma and its wake. New York: Brunner/Mazel, Inc., 1985.

Freud, S. Remembering, repeating and working through. Standard Edition, 12:145-150. London: Hogarth Press, 1914, 1958.

Freud, S. Beyond the pleasure principle. Standard Edition, 18:1-68. London: Hogarth Press, 1920, 1962.

Green, B.L., Wilson, J.P. & Lindy, J.D. Conceptualizing post-traumatic stress disorder: a psychological framework. In C. Figley (Ed.), Trauma and its wake. New York: Brunner/Mazel, Inc., 1985.

Horowitz, M.J. Stress Response Syndromes. New York: Jason Aronson, 1976.

Horowitz, M.J. Psychological responses to serious life events. In N.B. Hamilton, N.D.M. Warburton (Eds.) Human Stress and Cognition. New York: Wiley, 1979.

Horowitz, M.J. Stress Response Syndromes. North Vale: Aronson, Inc., 1986.

Janis, I.L. Stress and Frustration. New York: Harcourt, Brace, Jovanovich, 1969.

Lazarus, R.S. Psychological Stress and Coping. New York: McGraw - Hill, 1966.

Pavlov, I.P. Conditioned reflexes. New York: Oxford University. Press, 1927.

Skinner, B.F. The Behavior of Organisms. New York: Appleton - Century - Crofts, 1938.

Wolpe, J. The Practice of Behavior Therapy. New York: Pegamon Press, Inc., 1973.

Wolpe, J. Psychotherapy by Reciprocal Inhibition. Stanford. Stanford University Press, 1958.